18552

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL M67 PAGE 9342

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 323 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED — First: Emma — Middle: M. — Last: DeVore

2. PLACE OF DEATH — A. COUNTY: Klamath — B. CITY, TOWN, OR LOCATION: Klamath Falls — C. LENGTH OF STAY IN CITY OR LOCATION: 5 months — D. NAME OF HOSPITAL OR INSTITUTION: Pres. Intercomm. Hospt.

3. USUAL RESIDENCE — A. STATE: Oregon — B. COUNTY: Klamath — C. CITY, TOWN OR LOCATION: Klamath Falls — D. STREET ADDRESS, RURAL ROUTE, ETC.: 1752 Arthur St.

4. DATE OF DEATH: November 18, 1967 — 5. SEX: Female — 6. COLOR OR RACE: Caucasian — 7. MARITAL STATUS: ☐ Married ☒ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 543-28-6727-D — 9. USUAL OCCUPATION: Retired Pianist — 10. KIND OF BUSINESS: Entertainment — 11. NAME OF SPOUSE

12. DATE OF BIRTH: July 3, 1887 — 13. AGE LAST BIRTHDAY: 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes

14. BIRTHPLACE (State or Foreign Country): Milford, Kansas — 15. WAS DECEASED A CITIZEN OF U. S.? ☐ Foreign Country, Name of Country — 16. IF DECEASED WAS A VETERAN, WHAT WAR? No

17. NAME OF FATHER: No Record — 18. MAIDEN NAME OF MOTHER: No Record — 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Maribel E. English, Gard.

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN 20a, 20b, AND 20c.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Eyelocystitis — Interval Between Onset and Death: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b): Calcinosis of both kidneys — Indefinite
DUE TO (c):
PART II: Other Significant Conditions Contributing to Death but not related to the Terminal Disease or Condition given in Part I (a): Arteriosclerotic Heart Disease with Atrial fibrillation

21. If decreased was Pregnant in the past 12 months? ☐ Yes ☒ No ☐ Unknown — 22. Was an Autopsy Performed? ☐ Yes ☒ No

23. WAS DEATH: ☐ Accident ☐ Suicide ☐ Homicide — 24. IF ACCIDENT, SUICIDE OR HOMICIDE, DID INJURY OCCUR: ☐ At Work ☐ Not At Work — 25A. PLACE OF INJURY (Such as Home, Store, Factory, etc.) — 25B. City, County, State

26. TIME OF INJURY: Hour, Month, Day, Year — A.M. P.M. — 27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I attended the deceased from 11-18-67 to 4/9/63 and that the death occurred at 5:45PM (Hour) on the date stated above.
► William G. Hofford, Jr., M.D. (Signature) 4036 S 6th Street, Klamath Falls, Oreg. (Address) 11/20/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30. DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal ☐ Other — 30B. DATE: 11-21-67 — 30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills — 30D. LOCATION (City or Town, State): Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 11-20-67 — 32. REGISTRAR'S SIGNATURE: ► Mariam Ackerman — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's ► Mike O'Hair 515 Pine, K. Falls, Ore.

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics

By Mariam Ackerman
Deputy

Date November 21, 19 67

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, } ss
County of Klamath }

Filed for record at request of

Maribel English

on this 1 day of Dec A. D. 19 67

at 1:50 o'clock P M. and duly recorded in Vol. M-67 of Deeds

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DOROTHY ROGERS, County Clerk

Fee 1.50 By Evelyn Bell Deputy

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